NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
Provider Support
Certification and Attestation for Primary Care Rate Increase

DHCFP
Provider Support
1100 E. William St.
Carson City, NV 89701
Fax (775) 684-3720

Section I: Instructions

Please complete the information in the sections II and IV or V, sign and return by mail or fax to the address listed above

Section II: Provider Information

PROVIDER NAME		BUSINESS NAME (if applicable)	
STREET ADDRESS	CITY	STATE	ZIP
COUNTY	PROVIDER TELEPHONE NO.	PROVIDER FAX NO.	PROVIDER EMAIL ADDRESS
DESIGNATED CONTACT NAME	DESIGNATED CONTACT PHONE NUMBER	DESIGNATED CONTACT E-MAIL ADDRESS	
NPI	MEDICARE NUMBER	STATE LICENSE NUMBER	EIN NUMBER	TAXONOMY NUMBER

Check specialty(s) that apply to you:

☐ **Family Practice** ☐ **General Internal Medicine** ☐ **Pediatrics**

List any Subspecialties:

Are you a Managed Care Program Provider? ☐ Yes ☐ No

If **YES, which health plan(s) do you provide services for?** ☐ **Amerigroup** ☐ **Health Plan of Nevada (HPN)**

Section III: Information

Section 1902(a)(13)(C) of the Social Security Act specifies that physicians with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine are primary care providers. Those that render evaluation and management codes and services related to immunization administration for vaccines and toxoids for specified codes would be eligible for reimbursement.

As proposed in 42 CFR 447 "Payment for Services," in order to be eligible for the increased payment the following requirements must be met. The provider must:

- Be a physician defined in 42 CFR 440.50, or under the personal supervision of a physician with specialist designation in family practice, general internal medicine and pediatrics or a subspecialty recognized by the **American Board of Medical Specialties, American Board of Physician Specialties, or the American Optometric Association**:
- Be a board certified in the specialty or subspecialty; or
- Have furnished evaluation and management (E&M) and vaccines services that equal at least 60% of the Medicaid codes billed during the most recently completed Calendar Year.

Section IV: American Board of Medical Certification

Complete this section **only** if you have a certification from the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA). (attach copy of certification if available)

ABMS, ABPS, or AOA Certification effective date(s)	Begin Date:	End Date:

I attest that I have a certification recognized by the American Board of Medical Specialties, American of Physician Specialties, or the American Osteopathic Association and meet the requirements as required by federal and state regulation to receive the increased payment.

Signature:	*Printed Signature:*	*Date:*

Section V: 60% Attestation

Complete this section only if you do not have a certification from the American Board of Medical Specialties, American Board of Physician Specialties, or the American Osteopathic Association but at least 60% of your total billings are E&M and vaccine administration codes. (Codes are specified by Federal and State Regulation)

Current Enrolled providers only (those who have billing history)

I attest that I am eligible primary care specialist or subspecialist but I do not have a certification recognized by the American Board of Medical Specialties. I attest that at least 60% of my total billings for the previous calendar year were for the E&M and vaccine administration codes as published in the final federal and state regulation and meet the requirements to receive payment.

New providers only (those who have no billing history)

I attest that I am an eligible primary care specialist or subspecialist but I do not have a certification recognized by the American Board of Medical Specialist. I attest that at least 60% of my total billings **will be** for qualified E&M and vaccine administration codes as published in the final federal and state regulation and meet the requirements to receive the increased payment.

Signature:	*Printed Name:*	*Date:*

FOR DHCFP USE ONLY

☐ Certified ☐ 60%	Certification Verified (attach print-out):	Date Verified:
Forwarded to:	Forwarded to:	Forwarded To:
Staff Signature:		Date:

Increased Payment for Certain Primary Care Physicians for Calendar Year 2013 and 2014 as Part of the Affordable Care Act

As part of the Affordable Care Act (ACA), the Centers for Medicare & Medicaid Services (CMS) has implemented a rate increase for certain Primary Care Physicians (PCPs) and their associated subspecialties. This increased rate is effective for calendar years 2013 and 2014. The increased rate only applies to services rendered to Medicaid recipients. Per CMS, stand-alone Children's Health Insurance Program (CHIP) programs are not eligible. Nevada Check Up is a stand-alone CHIP program.

Specialties That Qualify For the Enhanced PCP Rate

The final rule applies to services furnished by a physician or "under the personal supervision of a physician who self-attests to a specialty designation of:

- family medicine,
- general internal medicine, or
- pediatric medicine or a subspecialty recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA)."

The subspecialties within the three specialties that are included can be found on the American Board of Medical Specialties website at http://www.abms.org/who_we_help/physicians/specialties.aspx

A physician must self-attest that he or she:

1. is board certified with such a specialty or subspecialty; OR
2. has furnished evaluation and management services and vaccine administration services under specific HCPCS codes (described below) that equal at least 60 percent of the Medicaid codes he or she has billed during the most recently completed calendar year or, for newly eligible physicians, the prior month.

The increased payment is *not* available to physicians who are reimbursed through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or health department encounter or visit rate or as part of a nursing facility per diem payment rate. Additionally, increased payment is not available for OB/GYN providers per CMS.

Codes/services that qualify for the enhanced rate

Those services (as designated in HCPCS) are:

1. Evaluation and Management (E&M) codes 99201 through 99499.
2. Current Procedural Terminology (CPT) vaccine administration codes 90460, 90461, 90471, 90472, 90473 and 90474, or their successor code.

How will Nevada Medicaid implement the PCP rate increase?

Please note: Information regarding the Nevada Medicaid State Plan Amendment (SPA) change, eligibility requirements and reimbursement methodologies are being proposed to CMS and will only be implemented upon CMS approval. Changes will be effective January 1, 2013**.**

Nevada Medicaid is actively working to implement the required changes. A SPA is being drafted to update the State Plan to reflect the new reimbursement methodology for the affected providers and HCPCS codes for Fee for Service providers. Nevada Medicaid Fee for Service providers who are identified as eligible for the increased rate will receive a supplemental payment monthly for the difference between the current reimbursement rate for the affected codes and the new rate. These payments will begin in April 2013 for claims with service dates January 1, 2013, forward, to allow for the 120 days timely filing rule.

The CMS final rule states that Medicaid programs should use either the rate under the Medicare Physician Fee Schedule (MPFS) for calendar years 2013 and 2014 or, if greater, the payment rate that would be applicable if the 2009 Conversion Factor were used to calculate the MPFS. At this time, Nevada Medicaid intends to use the 2009 Conversion Factor to calculate the new rates. These rates are only in effect for service dates from January 1, 2013, to December 31, 2014. Rates will automatically default back to the previous rate on January 1, 2015.

A list of eligible codes and their corresponding reimbursement will be published on the Division of Health Care Financing and Policy (DHCFP) Rates and Cost Containment website. The information will be available after further clarification from CMS is received. For questions or concerns regarding the eligible codes and rates, please contact the Rates and Cost Containment Unit at (775) 684-3689.

Providers who would like to be considered for the increased rate **must** self attest that he or she:

1. is board certified with such a specialty or subspecialty; OR
2. has furnished E&M services and vaccine administration services under specific HCPCS codes that equal at least 60 percent of the Medicaid codes he or she has billed during the most recently completed calendar year or, for newly eligible physicians, the prior month.

Providers who self attest to being board certified in one of the eligible specialties/subspecialties or are furnishing the required threshold of E&M services and vaccine administration services are subject to internal DHCFP review. If it is determined by DHCFP that the provider has not met the threshold for the claims requirement or is not board certified, the provider will be removed from the eligible list and any enhanced payments will be recouped.

In addition, increased payment is available for services provided under the personal supervision of eligible physicians. This means that the physician accepts professional responsibility (and legal liability) for the services provided.

The eligibility of services provided by nurse practitioners and physician's assistants is dependent on 1) the eligibility of the physician and 2) whether or not the physician accepts professional responsibility for the services provided by the nurse practitioner or physician's assistant.

For the nurse practitioners and physician's assistants billing under his or her own provider number, we require the following documentation:

1. A signed letter from the physician accepting professional responsibility for services provided under their personal supervision. The letter should include those provider's names and NPI numbers for which the physician is accepting responsibility.
2. A completed self-attestation form from the physician that is accepting professional responsibility including the eligibility requirements.
3. A completed self-attestation form from the nurse practitioner or physician's assistant including the name of the physician that is accepting professional responsibility for his/her services.

Please note: Providers who do not self attest will not be eligible for the increased reimbursement. ***Self attestation forms must be received no later than March 15, 2013 in order to be considered eligible for reimbursement. Providers who submit self attestation after March 15, 2013 will be eligible for payments starting the month the self attestation was submitted.***

To claim self attestation, the provider must complete the self attestation form, which will be available on the DHCFP website or through the HP Enterprise Services Provider Web Portal. Completed self attestation forms must be submitted to DHCFP Provider Support via fax at (775) 684-3720. For questions regarding the self attestation, please contact Provider Support at (775) 684-3700.

Who to contact?

For questions regarding eligible codes, reimbursement or specialties, please contact the DHCFP Rates and Cost Containment Unit at (775) 684-3621.

Please note: Information regarding the Nevada Medicaid SPA change, eligibility requirements and reimbursement methodologies are being proposed to CMS and will only be implemented upon CMS approval. Changes will be effective January 1, 2013. Further, the codes and provider specialties affected are subject to change if CMS issues further instruction. Additionally, CMS has ruled that if the service/code is not currently covered by Medicaid, that Medicaid is not required to now cover the service.